

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015898

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2166

STATE FILE NUMBER

FILED APR 29 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY Jackson                                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Kansas City  |   | Length of stay in 1b<br>30 yrs.   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION General Hospital   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Harry Middle Amao Last  |   | 4. DATE OF DEATH<br>Month April Day 8, 1963 Year  |  |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>Japanese  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>4/24/1886  |
| 9. AGE (last birthday)<br>76  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Gardner  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Landscape  |  |
| 11. BIRTHPLACE (City and state or country)<br>Niigata, Japan  |   | 12. CITIZEN OF WHAT COUNTRY<br>Japan  |  |
| 13a. FATHER'S NAME<br>Unknown   |   | 13b. MOTHER'S MAIDEN NAME<br>Unknown  |  |
| 14. NAME OF HUSBAND OR WIFE<br>None   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) No   |  |
| 16. INFORMANT<br>Sankin Sano, Kan. City, Missouri   |   | 17. ADDRESS<br>3610 Roberts Ave.  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) cerebral infarction, left massive<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |  |
| 21. I attended the deceased from 3-9-63 to 4-8-63 and last saw her alive on 4-8-63<br>Death occurred at 2:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22a. SIGNATURE<br>(Degree of Dele)  |  |
| 22b. ADDRESS<br>2400 Cherry   |   | 22c. DATE SIGNED<br>4-9-63  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  | 23b. DATE<br>4/9/63   | 23c. NAME OF CEMETERY OR CREMATORY<br>Mt. Hope Cemetery   |  |
| 23d. LOCATION (City, town, or county)<br>Kansas City, Kansas  |   | (State)   |  |
| 24. FUNERAL DIRECTOR<br>Address<br>Daniels Bros., Kan. City, Kan.   |   | 25. DATE RECD. BY LOCAL REG.<br>4-10-63   |  |
| 26. REGISTRAR'S SIGNATURE<br>Ruth Song  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.